

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF MARYLAND

Jerry W. Mullins

*(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)*

**-against-**

MedStar Union Memorial Hospital

Dr. River M. Elliott MD

Dr. Neil Zimmerman MD

*(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)*

**Complaint for a Civil Case**

Case No. PW 6-16-1114  
*(to be filled in by the Clerk's Office)*

Jury Trial: ☒ Yes ☐ No  
*(check one)*

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Jerry W. Mullins
Street Address	7031 Southerland Circle
City and County	Salem (Roanoke County)
State and Zip Code	VA 24153
Telephone Number	(540) 537-2406
E-mail Address	jerry@commonwealthkinetics.com

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

**Defendant No. 1**

Name	MedStar Union Memorial Hospital
Job or Title (if known)	Curtis National Hand Trauma Center
Street Address	3333 N Calvert St.
City and County	Baltimore (county of Baltimore)
State and Zip Code	MD 21218
Telephone Number	(410) 235- 5405
E-mail Address (if known)	

Defendant No. 2

Name	Dr. River M. Elliott MD
Job or Title (if known)	Hand Specialist (Fellow Level)
Street Address	1750 Fifth Avnue
City and County	York
State and Zip Code	PA 17403
Telephone Number	(717) 848- 2297
E-mail Address (if known)	

Defendant No. 3

Name	Dr. Neil Zimmerman MD
Job or Title (if known)	Hand Specialist
Street Address	3333 North Calvert St.
City and County	Baltimore (Baltimore County)
State and Zip Code	MD 21218
Telephone Number	(410) 554-6560
E-mail Address (if known)	

Defendant No. 4

Name	
Job or Title (if known)	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address (if known)	

*(If there are more than four defendants, attach an additional page providing the same information for each additional defendant.)*

## II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*

☒ Federal question

☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

### A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

EMTALA (42 USC 1395dd), (42 CFR-489), ( 73 Fed Reg. 48.434, 48.659)

### B. If the Basis for Jurisdiction Is Diversity of Citizenship

#### 1. The Plaintiff(s)

##### a. If the plaintiff is an individual

The plaintiff, *(name)* Jerry W. Mullins, is a citizen of the State of *(name)* VA.

##### b. If the plaintiff is a corporation

The plaintiff, *(name)* \_\_\_\_\_, is incorporated under the laws of the State of *(name)* \_\_\_\_\_ and has its principal place of business in the State of *(name)* \_\_\_\_\_.

*(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)*

2. The Defendant(s)

a. If the defendant is an individual

The defendant, (name) SEE ATTACHED, is a citizen of the State of (name) \_\_\_\_\_. Or is a citizen of (foreign nation) \_\_\_\_\_.

b. If the defendant is a corporation

The defendant, (name) MedStar Union Memorial Hospital, is incorporated under the laws of the State of (name) MD, and has its principal place of business in the State of (name) MD. Or is incorporated under the laws of (foreign nation) \_\_\_\_\_, and has its principal place of business in (name) \_\_\_\_\_.

*(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)*

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because *(explain)*:

SEE ATTACHED

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

SEE ATTACHED

**COMPLAINT :**

On April 15, 2014, the named defendants, as a result of their decisions, created a situation in a medical emergency setting in an Emergency Room that:

1. infringed on the Plaintiff's rights under Federal law (42 USC 1395dd, 44 USC-489, 73 Fed Reg. 48,434,48,659 and others) .

a) Refusal to accept a requested transfer from an Emergency Room Department of the Johns-Hopkins Suburban Hospital in Bethesda MD.

b) As a result, access was denied to any immediate treatment and particularly gravely needed specialized treatment that would have significantly improved the long term outcome of the Plaintiff's injury.

**2. Medical Malpractice and Negligence :**

(Defendant # 2 as the on call lead physician at the Curtis National Hand Trauma Center at the MedStar Union Hospital in Baltimore PA, twice rejected an urgent request from Johns-Hopkins Suburban Hospital in Bethesda, MD to accept a medical transfer of the Plaintiff who had suffered a severe hand/finger injury and was in dire need of specialized skills and equipment that were available at the Curtis Hand Center. Time was critical and the requesting hospital and its E.R. had no available specialist that could see the injured patient (Plaintiff). Defendant # 2 indicated that he did not think the transfer was appropriate without an evaluation by a qualified physician. The requesting hospital stated that the on call physician was not available due to being involved in a complex case and no other qualified physician could be located. Defendant # 2 still rejected the transfer but said he would confer with his attending physician (Defendant #3) and call back. There

was a significant delay before he called back. When Defendant # 2 did call back he indicated that he and his attending physician (defendant #3) both agreed that the transfer was not appropriate without the evaluation. The general E.R. physician stated to Defendant #2 that he felt the transfer was in the best interest of the patient and highly suggested the transfer. Defendant # 2 Still rejected the transfer.

Plaintiff believes that the defendants were negligent in their duties and responsibilities that allowed for this situation to develop and cause unwarranted and unnecessary mental anguish, loss of full hand function, and lifelong handicap.

Plaintiff believes that the defendants were negligent in their duties and responsibilities that allowed for this situation to develop and cause unwarranted and unnecessary mental anguish, loss of full hand function, and lifelong handicap. Also, Plaintiff believes his rights under Federal Law have been violated



**IV. Relief**

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages. For any request for injunctive relief, explain why monetary damages at a later time would not adequately compensate you for the injuries you sustained, are sustaining, or will sustain as a result of the events described above, or why such compensation could not be measured.

SEE ATTACHED

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Attachment:

RELIEF :

Plaintiff is asking for damages as follow :

Defendant # 1): Med Star Union Memorial Hospital :

1. Medical Expenses and continued care ..... \$ 100,000.00
2. Personal Mental and physical pain and suffering as well as permanent loss of full hand function, deformed and disfigured hand, permanent social self consciousness of the deformity, permanent loss of ability to fully use hand to perform daily activities, hobbies, and occupation. ....\$2,000,000 (two Million dollars)

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Defendant # 2 ) Dr. River M. Elliot, MD

1. Medical Expenses and continued care ..... \$ 100,000.00
2. Personal Mental and physical pain and suffering as well as permanent loss of full hand function, deformed and disfigured hand, permanent social self consciousness of the deformity, permanent loss of ability to fully use hand to perform daily activities, hobbies, and occupation. ....\$2,000,000 (two Million dollars)

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Defendant # 3 ) Dr. Neil Zimmerman MD

1. Medical Expenses and continued care ..... \$ 100,000.00
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**V. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

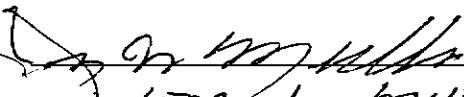
**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 4/14, 2016.

Signature of Plaintiff

Printed Name of Plaintiff

  
JENNIFER M. MULLINS

*(If more than one plaintiff is named in the complaint, attach an additional certification and signature page for each additional plaintiff.)*

**B. For Attorneys**

Date of signing: \_\_\_\_\_, 20\_\_.

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

Telephone Number

Email Address

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